

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-001341

STATE FILE NUMBER

Registration District No. **139**

Primary Registration District No. _____

Registrar's No. **7**

DO NOT WRITE
ON THIS STUD

AMENDED

FILED FEB 4 1963

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BIGELOW TOWNSHIP		c. CITY OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION.		d. STREET ADDRESS 3329 Lafayette St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Marvin Stanley Wray		4. DATE OF DEATH Month Day Year January 15 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/10/1923
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales & Service		10b. KIND OF BUSINESS OR INDUSTRY MFA Grain Division	9. AGE (last birthday) 39
11. BIRTHPLACE (City and state or country) Iola, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Wray		13b. MOTHER'S MAIDEN NAME Nellie Busley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		17. INFORMANT Address Mrs. Mary V. Wray, 3329 Lafayette	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbonmonoxide poisoning		INTERVAL BETWEEN ONSET AND DEATH one hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (This information is a result of autopsy performed by Dr. J. E. Denton, of St. Joseph, Missouri, and pathological report from the Missouri Highway Patrol Laboratory at		DUE TO (c) Jefferson City, Missouri.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Jefferson City, Missouri.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) apparently from defective gas heater	
20c. TIME OF INJURY Hour 11 p.m. Month, Day, Year 1/15/63		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) resort cabin	
20e. CITY, TOWN, OR LOCATION near Big Lake, Holt County, Missouri		20f. COUNTY Missouri	
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sheriff and Acting Coroner - Oregon, Missouri		22b. ADDRESS 1/30/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/22, 1963	
23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) Iola, Kansas	
24. FUNERAL DIRECTOR Hester-Bowman		25. DATE RECD. BY LOCAL REG. 1-31-1963	
26. REGISTRAR'S SIGNATURE James H. Crawford			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

FEB 13 1963

FEB 5 1963

FEB 7 1963

MAY 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Eugene Word

Licensed Embalmer No. 3804

P. O. Address 314 50th St, St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.